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03/11/2008

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(Depositor's name)

(Signature)

(Date)

FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,687	11/08/2005	Günter Engel	14219-082US1	5299

TITLE OF INVENTION: MULTIPLE RESONANCE FILTER

APPL. NATURE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$1740	06/11/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAMILL, ERIC R.	2817	333-185000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fish & Richardson P.C.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

EPCOS AG

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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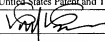
- ☒ The requisite fees are being paid electronically with this submission.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge any deficiency in fee(s), or credit any overpayment, to Deposit Account Number 06-1050.

5. Change in Entity Status (from status indicated above)

☐ I, a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature)



Typed or Printed Name

Paul A. Pysker

(Date)

June 11, 2008

Registration No.

40,780

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